mit 5 Cepies xopriate District Office STRICT 1 ). Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ISTRICT III 200 Rio Brazos Rd., Aziec, NM 87410

ISTRICT II O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

perator CORPONANTON							3			0-025-31645		
YATES PETROLEUM COI	RPORAT	ION									<del>-</del>	
ddress 105 South 4th St., 4	Arteai	a. NM	882	10								
eason(s) for Filing (Check proper box)		, .***				Othe	t (Please expla	iin)		·····		
lew Well		Change in	Transp	orter	of:		-					
ecompletion	Oil		Dry G									
hange in Operator	Casinghea	id Gas 🔲	Conde									
change of operator give name												
d address of previous operator											•	
DESCRIPTION OF WELL AND LEASE  ASS. Name.  Well No.   Pool Name, Including						- Etion		Kind o	Lease	Lease No.		
ease Name		Well No.	Pool N	Name - T	, includin i wii n a	gronnaudu eton Rid	ige Dela			VB-1		
Kiwi AKX State		0	East		T V T 11.6		-00			<u> </u>		
ocation		•			Co	h	23:	1.0 _	w	est	T.1	
Unit Letter N	:660	J	_ Feet F	rom	The So	Line	and	Fe	et From The		Line	
16	220		<b>D</b>	_	32E	N/A	иРМ,		Lea		County	
EOTT Energy Operating LP	228		Range	<u> </u>		11/0	ALLIAI,					
I. DESKINATION OF TRANS	epopte	n ora	IL AN	ו מע	HETAN	AL GAS						
4 4 4 1 1 1 M			hebial i	1	<b>27 UU</b>	IAAATESS (LIIV	e address to wi	hich approved	copy of this form	is to be ser	น)	
lame of Authorized Transporter of On Enron Oil Trading & Tra	nsport	tatido	fecti	٧ <del>٤</del>	1-1-9	3PO Box	1188, H	Ouston,	TX //151	-1199		
Name of Authorized Transporter of Casing			or Dry			Address (Giv	e address to w	hich approved	copy of this form	R to be sei	u)	
Yates Petroleum Corporation									esia, NM	00210		
f well produces oil or liquids,	Unit	Sec.	Twp.		Rge.	Is gas actually	y connected?		When ? 9-10-92			
ive location of tanks.	<b> </b>	<u> </u>	<u> </u>			Yes			) - ±0-74		<del></del>	
this production is commingled with that f	rom any ot	her lease or	pool, g	rive c	ommingli	ng order num	DEF:			., <u> </u>		
V. COMPLETION DATA		100000	<del>,                                    </del>	<u></u>	Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion -	. <i>(</i> X1)	Oil Wel	u j	UAS	Well	New Well	1 WOLLOVEI				i	
			o Prod.			Total Depth		_1	P.B.T.D.			
Date Spudded	Date Compl. Ready to Prod. 9-21-92				889	0 '		8847'				
7-24-92	· -	Name of Producing Formation				Top Oil/Gas			Tubing Depth			
anom (12) (12)						666	01		8790'			
3696' GR Delaware									Depth Casing Shoe			
6660-86321									8890			
0000 0002		TUBING	, CAS	INC	AND	CEMENTI	NG RECOR	RD	<del></del>			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
26"	20"						401			Redi-Mix 800 sx circulated		
171"	13-3/8"					8521				1450 sx circulated		
11"		8-5/8"				4540'				980 sx circulated		
7-7/8"	5-1/2"					8890'			980 SX CIrculated			
THE PART OF THE PA	T FOR	ALLOW	ABLI	E	/2-7/	8" @ 87	<u>90'</u> /		te teach as ha for	6.11 24 hav	)	
V. TEST DATA AND REQUES OIL WELL (Test must be after re	ecovery of	total volum	e of load	d oil	and must	be equal to or	exceed top all	iowable for the	is aepin or be jor	JMI 24 NOU		
Date First New Oil Run To Tank	Date of T	est.				LLognerus W	temog (riow, p	ump, gas iyi,	5+u.j			
9-6-92	1	9-21-92					mping		Choke Size	Choke Size		
Length of Test		Tubing Pressure				Casing Press	o O		2"			
24 hrs		60				Water - Bbls			Gas- MCF			
Actual Prod. During Test	1	Oil - Bbls.				Water - Boil			71			
662	<u> </u>	.02				] 30			<del></del>			
GAS WELL			-						Gravity of Cor	densate		
Actual Prod. Test - MCF/D	al Prod. Test - MCF/D Length of Test					Bbls. Conde	nsate/MMCI		Gravity of Cot	Gravity or Contentation		
	1					Charles No.	/Ch.u/ I=\		Choke Size			
Testing Method (pitot, back pr.)	Tubing I	ressure (Sh	uit-in)			Casing Presi	eure (Shut-in)					
		<u> </u>										
VI. OPERATOR CERTIFIC	ATE C	F COM	PLLA	/N(	CE			NSERV	'ATION D	IVISIO	NC	
I hambu certify that the rules and regu	lations of t	he Oil Cons	ervalion	0				, , , , , , , , , , , , , , , , , , ,				
Division have been complied with and that the information given above							SEP 29'92					
is true and complete to the best of my	Knowledge	and Deliel.				Dat	e Approv	ea				
· \ \ \ - \ X	, ,					II.	ARIAIN!	AL CIMAIES	NEW INDOVE	SYTON		
Acanta Donalita						∥ By₋	ORIGIN	AL SIGNE!	BY JERRY S SUPERVISOR	G 54 4 4 54 *		
Signature Juanita Goodlett -	Produ	ction	Supv	r.				in industrial	SHIPPING STATES			
Printed Name			Title	e		Title	· 9					
9-23-92	(		48-1			''''						
Date		T	elephon	se No		11						

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.